CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Official Use Only

MAR 3 0 2010

AMENDMENT

Please type or print in ink. 2010 APR - 1 AM 10: 198 Public Document

BY:

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Calainai	(adlalana		
Gargiani	COMMERA.	\	
MAILING ADDRESS STREET (Business Address Acceptable)	CiTY	STATE ZIP CO	ODE OPTIONAL: E-MAIL ADDRESS
1. Office, Agency, or Cou	rt	4. Schedule Sum	mary
Name of Office, Agency, or Court:	- And the second	► Total number of page	es
	The second secon	including this cover	page:
Division, Board, District, if applicab	let	► Check applicable sch	nedules or "No reportable
Assembly		interests."	
Your Position:		I have disclosed interes	ests on one or more of the
1 - A		attached schedules:	
ASSEMBLY W	lenber.	Schedule A-1 Ve	s - schedule attached
▶ If filing for multiple positions, list	additional agency(ies)/	Investments (Less than 10)	
position(s): (Attach a separate	sheet if necessary.)		
Agency:		Schedule A-2 Ye	
Agency.		Investments (10% or Great	er Ownersnip)
		Schedule B	s - schedule attached
Position;	, THE STATE OF THE	Real Property	
		Schedule C Yes	s – schedule attached
2. Jurisdiction of Office (Check at least one hov	Income, Loans, & Busine	ess Positions (Income Other than GIRs
7	meen at reast one box)	and Travel Payments)	
√ State		Schedule D X Yes	s - schedule attached
County of		Income – Glfts	
City of		Schedule E Yes	s - schedule attached
•		Income - Travel Paymen	
Multi-County			
Other			-or-
		No reportable intere	ests on any schedule
3. Type of Statement (Che	ck at least one box)		oote en an, concount
		<u> </u>	
Assuming Office/Initial Dat	te:/	5. Verification	
Annual: The period covered is	January 1, 2009	0. 101110000011	
through December 31, 2009.	daridary (, 2005,		nable diligence in preparing this
-or-			ed this statement and to the best of
O The period covered is/.	/ through	attached schedules is tru	nation contained herein and in any lie and complete
December 31, 2009.	, tinough		is and complete.
			perjury under the laws of the State
Leaving Office Date Left: (Check one)		of California that the fo	regoing is true and correct.
•	nu 4 2000 through the	,	,
 The period covered is Janual date of leaving office. 	ry 1, 2009, (modgii tile	Date Signed 3/2	5/10
-Or-		Date Signed/_	
	/ through		
O The period covered is/_ the date of leaving office.	, tirougn	Signatur	
_			A Commence of the Commence of
Candidate Election Year:			

FPPC Form 700 Amendment (2009/2010) FPPC Toll-Free Helpline: 866/ASK-FPPC







FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

CALIFORNIA FORM

2019 APR - 1 AH 10: 08

Comments:

NAME OF SOURCE	► NAME OF SOURCE
California Building Industry Associat	<u>.</u>
ADDRESS (Business Address Acceptable) 12 15 K Street Suite. 1200	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE SOUTO WENTO	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
4,15,09,93.75 Dinner	
	\$
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY. IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
\$	
/\$	// \$
NAME OF SOURCE	Verification
ADDRESS (Business Address Acceptable)	Print Name
BUSINESS ACTIVITY. IF ANY. OF SOURCE	or Court
	Statement Type 2009/2010 Annual Assuming Leaving Annual Candidate
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	I have Used all reasonable diligence in preparing this statement. I have
	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	Date Signed(month, day, year)
	Signature

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

2010 MAR-+-PM 6: 07 Please type or print in ink.

A Public Document



The second secon			
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
	(nthloon	A	A. C.
MAILING ADDRESS. STREET	CITY	STATE ZIP CODE	OPTIONAL: E-MAIL ADDRESS
(Business de la			
1. Office, Agency, or Cou	urt	4. Schedule Summ	ary
Name of Office, Agency, or Court:		► Total number of pages	•
hegistator	protessor.	including this cover pa	
Division, Board, District, if applica		► Check applicable sched	dules or "No reportable
Assembly		interests."	
Your Position:	:8 1	I have disclosed interest attached schedules:	s on one or more of the
HSSem 614 ► If filing for multiple positions, lis		Schedule A-1 Yes	·
position(s): (Attach a separate		Investments (Less than 10% C	winersnip)
Agency:		Schedule A-2 Yes ~	
Position:		Schedule B YYes ~	-schedule attached Reinfal Property
2. Jurisdiction of Office	(Charle of Incode and Law)		- schedule attached Positions (Income Other than Gifts
	Check at least one box)	and Travel Payments)	Rental income
State			schedule attached
County of		Income - Gifts	
City of			schedule attached
Multi-County		Income ~ Gifts ~ Travel Pay	yments
Other	PV	-c	or-
3. Type of Statement (ch	ank at loant and have	No reportable interest	s on any schedule
, ,	·	<u> </u>	
Assuming Office/Initial Da	ate:/	5. Verification	
Annual: The period covered is through December 31, 2009.	3 January 1, 2009,		ole diligence in preparing this
-or-			d this statement and to the best ation contained herein and in any
O The period covered is December 31, 2009.	, through	attached schedules is true	and complete.
Leaving Office Date Left: (Check one)		I certify under penalty of pe of California that the fores	rjury under the laws of the State going is true and correct.
O The period covered is Janua date of leaving office.	ary 1, 2009, through the	Date Signed 2/	23/2010
-or-			(month, arey, year)
O The period covered is the date of leaving office.	/, through	Signature	()
Candidate Election Vege			

SCHEDULE B Interests in Real Property (Including Rental Income)

	RNIA FORM	1
Name	AL PRACTICES	COMMISSION

► STREET ADDRESS OR PRECISE ≥ OCATION #	► STREET ADDRESS OR PRECISE LOCATION
	P STREET ADDRESS ON PREDISE LODATION
000 S. Regent St.	10,00
CHY	CITY
SAUCKTON CH ASSOUT	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,500 - \$10,000	\$2,000 × \$10,000
\$10.001 - \$100,000	\$10,001 - \$100,000
DS ≥ (00 03 t × 21 000 000 c · · · · · · · · · · · · · · ·	\$100,061 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Still Paying On Loan Description Easement	NATURE OF INTEREST
Cwinerstip/Deed of Trust Easement	Ownership/Deed of Trust Sasement
[] Leasehold	Leasphoid
Leasehold	Leasehold Yrs remarking Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	□ \$0 - \$499 □ \$500 · \$1,000 □ \$7,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	☐ \$10.001 - \$100,000 ☐ OVER \$100,000
25-14-25 CV 25-15-14-25-15-16-25-16-16-16-16-16-16-16-16-16-16-16-16-16-	
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10.000 or more.
Duplicated on Schedule	
DOOP IT CORES ON SINGING	**************************************
C' Fllow Dawel	
E WIEW IVW	
#	
You are not required to report loans from commercial I	ending institutions made in the lender's regular course
of business on terms available to members of the publ	ic without regard to your official status. Personal loans
and loans received not in a lender's regular course of	business must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Addrephinie)	VD D C C 22 Jansui (C) And (629 MFC chants)
BUSINESS ACTIVITY. IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
ATTIBET PARM	RETERECT SATE TEST TEST AND ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
INTEREST RATC TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% [] None	Noise
SACUZAT ON ANDE OURSEAS REDADTING BORNON	THORIEST DATABLES DEDUG GERBOTIAN REGION
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000 \$1,000
S10,001 - \$100,000	
7····q	S10,001 - \$100,000 CVER \$100,000
I {Gript@grof R spDicente	
Guaramor if applicable	☐ \$10,001 - \$100,000 ☐ CVER \$100,000
Guaramor if applicable	
Guaranior if applicable	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	TOWNS THE PERSON NAMED IN COLUMN
	ŀ

> 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Ellen Howell - Romer	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
665 S. Regert St.	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
34004DN CH 42304	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
<u>handlerd</u>	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	\$500 - \$1,000 \qquad \$1,001 - \$10,000
\$10,007 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repaγment
Sale of [Properly, car, boat elc.)	Sale of
	_
Commission or Rental Income, his each source of \$10,000 in tinate	Commission or Rental income, usi each source of \$10,000 at more
7 8600 [
Home Duplicates on Schelas	Other
(Describe)	(Describe)
	As a
 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO 	
You are not required to report loans from commercial I of a retail installment or credit card transaction, made it	ending institutions, or any indebtedness created as part
available to members of the public without regard to yo	
not in a lender's regular course of business must be d	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	The state of the s
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGREST BALANCE DURING REPORTING PERIOD	Street address
S500 - \$1,000	City
S1 001 - \$10,000	·
\$10,001 - \$100,099	Guaranior
OVER \$100 000	Other
	1Describe)
Comments:	

SCHEDULE D Income - Gifts

CALIFORNIA FOR!	
Name	

➤ NAME OF SOURCE	► NAME OF SOURCE
	Napa Valley Vintners
Various Healthcare/Life Sciences Entities ADDRESS (Business Address Acceptable)	ADDRESS Business Address Acceptable)
MUCHS: 3-3 (Business Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	PO. Box 141 St. Helena, CA 94574 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare and Life Sciences	DO 200E 22 RESIDENT OF SCORE
UATE (mm/adrys) VALUE DESCRIPTION OF GIFT(S)	DAFE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 , 28 , 09	3,3,09,12,50 Reception
	<u> </u>
	\$
► NAME OF SOURCE	► NAME OF SOURCE
Karen Bass for Assemble	Mayne Ordes
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
7775. Figueroa St. Sul 405	1415 L Street Sulke 410 SAC, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE LA, CA 90017	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Market Commence of the Commenc
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1,8,09,72.52 Endeavor Jacket	3,31,09,56,81 Reception
9,15,09,45.03 Breakfast	\$
1,5,09,63,55 Flowers Boday	
Listo 1:00:133 Flowers Day	
NAME OF SOURCE	► NAME OF SOURCE
CA ASSOCIATION OF WINEBrape Growers	California to Ultry tedevotion
ADDRESS (Business Address Acceptable)	ADURESS (Business Address Acceptable)
1325 1 Street Suite 1560	4640 Spyres Way, Sulte 4
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE MOCLES+0, CH 9335
DATE (min/sid/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (nimidality) VALUE DESCRIPTION OF GIFT(S)
1,2809,661 reception 7,1509,129.64 pinner	3,3,09,162,17 anner
7 1/20 1701 2	
1/13/04 \$124.64 DIMER	\$
, ,	1 1 6
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Comments: * Sponsored by 13 entities, all of which paid less	s than \$50 per person for the event costs

SCHEDULE D Income – Gifts

NAME OF SOURCE CAHF ADDRESS ADON K Street Soc CA BUSINESS ACTIVITY, IF ANY, OF SOURCE 95816	NAME OF SOURCE CITYUS Mutual ADDRESS 512 NOrth Kaweah Alt. Excter (BUSINESS ACTIVITY, IF ANY, OF SOURCE 93221
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 12, 14, 09, 8,00 Calendar	DATE imm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3,16,09,11,00 Oranges
// \$	// \$
NAME OF SOURCE LD: SON ADDRESS P. O. BOX 800 2244 Walnut BUSINESS ACTIVITY. IF ANY, OF SOURCE GROVE AVE. ROSEMEAL, CA.	Dem Caucus / Dem Party ADDRESS PO BOX 942849 1401 2154. Sur BUSINESS ACTIVITY. IF ANY. OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 12, 17, C9, 16. TO Holiclay Ornamer	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
//_ \$	
ASSOCIATION ASSOCIATION ADDRESS ACTIVITY, IF ANY, OF SOURCE	Karen Bass for Assembly
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3,24,09,20,00 Jat	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 1 9 09 s 11 95 Breakfast
	1,9,09 s11.95 Breakfast 1,9,09 s11.95 Lunch
Comments:	

SCHEDULE D Income - Gifts

1.	LIFORN POLITICAL		7	O(
Nai	ne				

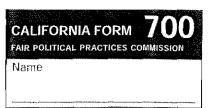
► NAME OF SOURCE	▶ NAME OF SOURCE
Various natural resource and environmental entities	Bell McANDrews & HiHacHKLL
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	1 455 Capitol Mall Suke ROI. She RA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Natural resource and environmental issues	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/ddiyy) VALUE DESCRIPTION OF GIFT(S)
01 , 28 , 09 ₈ 86.54* Reception	6,2309,169.66 Dinner
	ELIBIOG ,10,00 Chacolate
NAME OF SOURCE DO PO	NAME OF SOURCE A
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, OF ANY, OF SOURCE WASH. DC 2001	BUSINESS ACTIVITY, IF ANY, OF SOURCE 958
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1,6,9,37,09 Reception	9,15,09,93.75 Dinner
S	\$
S	
NAME OF SOURCE	NAME OF SOURCE
rtiler	1/1-Stra 7 eneca LP
ADDRESS (Busiless Address Acceptable)	AUDRESS (Business Address Acceptable)
BUSINESS ACTIVITY IF ANY, OF SOURCE 95814	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE OESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1,28 09, 16.68 reseption	611,09,113.61 Foodand Bey
	\$
	\$
Comments: 13 entities sponsored this event, each reporting	g a gift of \$6.65 per attendee.

SCHEDULE D Income - Gifts



NAME OF SOURCE COLLEGY OF COHON GIVENEY ACTIVITY IF ANY, OF SOURCE OF SOURC	NAME OF SOURCE AEA ADDRESS JUIS L St. Stuke 1260 BUSINESS ACTIVITY, IF ANY, OF SOURCE Sec. CA 95414
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 2,17,09,45.00 CoHON Towels	DATE (ram/dd/yy) VALUE DESCRIPTION OF GIFT(S) 2/18/09: 12.80 reception
// \$	
NAME OF SOURCE CA State Council of Laborers ADDRESS 121 L Street, Suite 502 Sacch BUSINESS ACTIVITY IF ANY, OF SOURCE 97814	State Capital Sac, CA 97814 BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (minudd/yy) VALUE DESCRIPTION OF GIFT(S) 3,17,09 : 60.05 RECEPTION	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 4,2209 2112 Water bottle
NAME OF SOURCE ONCDA ADDRESS 1415 L Street State 700 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE	Family Wine Makers Of CA. ADDRESS 520 Capital Mall State 360 Business ACTIVITY, IF ANY, OF SOURCE
DATE (IMM/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3,2409,36.82 Reception	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) \$1.609 s 7.40 Yeception -/
<i>j j s</i>	\$\$
Comments:	

SCHEDULE D Income - Gifts



➤ NAME OF SOURCE	► NAME OF SOURCE
Gav. of Mexico	Personal Insurance Fed
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY IF ANY, OF SOURCE D.C. 2000	BUSINESS ACTIVITY IF ANY OF SOURCE SOC, CH 95814
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE /mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
9,1409,23,67 Hors d'oeuvres	12/18/09:102.80 Jinner
<u>, , , , , , , , , , , , , , , , , , , </u>	\$\$
French Republic	NAME OF SOURCE
ADDRESS (Business Address Acceptable) 2221 Kaloranna Pard, Wishington	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE 15.C. 2008	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GITT(S)
9,15,09:65.00 Dinner	
<i>i</i> \$	\$s
► NAME OF SOURCE	► NAME OF SOURCE
	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
Comments:	